Foster Family Home - Corrective Action Report

Provider ID:

1-180010

Home Name:

Hazel Layugan, CNA

Review ID:

1-180010-3

94-1047 Kuhaulua Street

Reviewer:

Angelica Galindo

Waipahu

HI 96797

Begin Date:

2/8/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter, and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification made on 2/08/2019. Corrective Action Report issued during home inspection with all items due to CTA by 2/22/2019.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(4)

Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4) - No record of disclosure form for CG#5 in home folder.

Compliance Manager

Primary Care Giver

7/07//

2/08/19

Date

2/9/2019 5:29 AM

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name:

HAZEL LAYUGAN

CCFFH Address: 94-1047 KUHAULUA ST WAIPAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(4)	Disclosure Form for CG#5 was done. It was placed into home record.	2/11/19	In the future, all new Caregivers will complete Disclosure Form within 5 days of being added.
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Primary Caregiver's Signature: ##		
Print Name: HAZEL LAYUGAN	Date of Signature: _	2/11/19